

# WASHINGTON STATE WORK STUDY PROGRAM

Date Entered  
(HECB)

## EMPLOYER INFORMATION CHANGE REQUEST FORM

**Employer Name:** \_\_\_\_\_

**Employer Federal ID Number:** \_\_\_\_\_

*Business name and Federal ID number must match current State Work Study contract.*

**Employer Information:** *This form cannot be used if both the Federal ID number and the business name change.*

*A new contract must be submitted to the school.*

New Employer Name: \_\_\_\_\_

New Federal ID Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ New Contact Person: \_\_\_\_\_

New Address: \_\_\_\_\_

**Date Change Takes Effect:** \_\_\_\_\_

**Pay Rate Information:** *The HECB reviews pay ranges that exceed \$15.00 per hour. This form cannot be used if the job title or job duties change. A new job description must be submitted to the school.*

Name of Student's School: \_\_\_\_\_

Position Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Old Pay Range: \$\_\_\_\_\_ to \$\_\_\_\_\_ Ending Date: \_\_\_\_\_

New Pay Range: \$\_\_\_\_\_ to \$\_\_\_\_\_ Beginning Date: \_\_\_\_\_

**Comments:** \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

School's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please return completed form to the student's school.*